FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21214

FILED JUN 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5458

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3625 RUSSELL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3625 RUSSELL 9 (If rural, give location)
17 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL H. PARKER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EULA V. PARKER
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased MAR (Month) 4 (Day) 1882 (Year)

8. AGE: Years 66 Months 3 Days 10 If less than one day hr. min.

9. Birthplace WISCONSIN (City, town, or county) (State or foreign country)
10. Usual occupation ROOFER
11. Industry or business
FATHER
12. Name GEORGE PARKER
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name FRANCES GOODELL
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)
16. (a) Informant EULA V. PARKER
(b) Address 3625 RUSSELL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois
19. (a) JUN 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14 year 1948 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from May 11 1948, 19, to Death, 19; that I last saw him alive on 12 June 48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction, coronary occlusion
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Harold Freedman (M. D. or other) MD
Address 634 No. Grand Blvd Date signed 6/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Homer C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.